

XVA 31-007 Study of Service Use In Community Based Outpatient Care Clinics (CBOC)

JoAnn E. Kirchner, MD

Central Arkansas Veterans Healthcare System; No. Little Rock, AR

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BACKGROUND / RATIONALE:

Meeting the healthcare needs of the American elderly has become an urgent challenge because of their increasing numbers in this country. There is growing literature demonstrating that older patients are less likely to seek out treatment from mental health professionals or to follow through when they are referred to mental health providers. There is also considerable evidence that late-life depression and alcohol disorders can be treated effectively, but older patients prefer to seek treatment from their primary care physicians. One method of providing health care to veterans living in rural areas has been through establishment of CBOCs. These clinics were established to increase accessibility of health care services to veterans living in areas underserved by VA health care. Initial evaluations of CBOCs have found that though they increase the provision of physical health care, they have no impact on the use of specialty mental health services in the general veteran population. In addition, for seriously mentally ill veterans (those with service connected mental health disabilities) there was no increase in the provision of either physical health care or specialty mental health care after CBOCs were established.

OBJECTIVE(S):

The Substance Abuse and Mental Health Service Administration (SAMHSA) and the Department of Veterans Affairs collaborated to fund a multi-site study, "Aging, Mental Health, and Substance Abuse in Primary Care," comparing two models of providing mental health care and substance abuse treatment to elderly patients. The comparison will include an evaluation of the effect of each model on clinical and functional outcomes, service utilization and cost of care. The study at our site focused on care that is provided in CBOCs, comparing two models (integrated and referral) for providing mental health care in CBOCs by evaluating the effects of each model on functional and clinical outcomes and service utilization. Specifically, our study uses two tracer disorders (depressive and alcohol use disorders) to examine the differential effects of integrated versus non-integrated CBOCs on clinical and functional outcomes and service utilization.

METHODS:

In our study, we randomly selected approximately 2,000 veterans, age 65 and older, who were within two weeks of a scheduled appointment at a VA outpatient clinic. This study included both rural and non-rural sites, as well as minority ethnic populations in 2 CBOC's (Monroe and Texarkana). We administered a brief screening interview to assess for symptoms of depression, dysthymia, anxiety, and alcohol use disorders. We compared two models (integrated and referral) for providing mental health and substance abuse care in VA community based outpatient clinics. In the integrated model, an advanced practice nurse with specialty training in mental health treatment provided these services within the primary care setting itself. In the referral model these services were provided through a referral to the parent VAMC. We are evaluating the effects of each model on process, outcomes, and cost of care.

FINDINGS / RESULTS:

None at this time.

STATUS:

Project work is ongoing

IMPACT:

Within CBOCs there is a wide variation in the presence of mental health staff. It is critical that we provide policy makers information concerning the clinical effectiveness and cost effectiveness of integrated models.

PUBLICATIONS: None at this time.